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ABSTRACT

Two studies were conducted to examine how attitudes toward homosexual men might affect reactions to Acquired Immune Deficiency Syndrome (AIDS) education efforts, or how those attitudes might be changed by those efforts. The first study involved 69 male and 75 female subjects, randomly assigned to four conditions receiving different information about AIDS. Subjects initially completed the Attitudes Toward Gay Men scale and a scale developed to assess beliefs about the potential spread of AIDS through casual contact (the Belief scale). The second study was similar to the first, although it examined the efficacy of the different types of communications over a longer period of time, and without the potential priming effects that could result from the initial measure of beliefs. The results of the two studies point out a distinction between affecting people's beliefs about the spread of AIDS and affecting related prejudices. Although the information manipulations had an impact on the specific beliefs related to the information, they did not appear to affect attitudes toward homosexual men. This distinction occurred despite the strong relation between initial AIDS-related beliefs and attitudes toward homosexual men found in the first study. The findings suggest that efforts to educate the public about AIDS, although important in their own right, cannot be regarded as a substitute for efforts to reduce antigay prejudice. (NB)

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AIDS Education: Does It Change Attitudes Toward Gay Men?

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Many resources of the gay community have been directed toward educating the public about AIDS, emphasizing that people cannot get AIDS from casual interactions with people with AIDS, or from everyday interactions with gay people. It might be hoped that as people become more knowledgeable about AIDS, their attitudes toward gay people, particularly gay men, would improve. This hope seems particularly acute when one realizes that the resources devoted to AIDS education might otherwise have been spent fighting homophobia.

In reality, it cannot be assumed that AIDS education has any benefit in reducing homophobia. The relationship between attitudes and knowledge about AIDS and attitudes toward gay men is complex, and not easily unraveled from the anecdotal and correlational information most often cited (Herek & Glunt, 1988). Thus, it is difficult to know how attitudes toward gay men might affect reactions to AIDS education efforts, or how those attitudes might be changed by those efforts. Two studies presented here provide some insight into these issues.

Experiment 1 involved 69 male and 75 female subjects, randomly assigned to 4 conditions receiving different information about AIDS. Subjects initially completed Herek's (1987) Attitudes Toward Gay Men (ATG) scale and a 48-item scale developed to assess beliefs about the potential spread of AIDS through casual contact (the Belief scale). According to their assigned condition, subjects then read materials refuting the possibility that AIDS is spread by casual contact. In a control condition, subjects actually read no information, but completed an unrelated task. The 3 remaining conditions refuted the possibility of spread by casual contact citing either causal biological processes that prevent such spread, statistical epidemiological evidence that demonstrates the absence of such spread, or both biological and epidemiological evidence (a 2 X 2 factorial design). Subjects in the last 3 conditions evaluated the evidence on an 8-item Evaluation scale. Finally, all subjects completed the Belief scale again. Higher Belief scores represent beliefs more congruent with the communications (i.e., AIDS is not spread by casual contact), and Belief Change scores reflect change in the appropriate direction.

Negative attitudes toward gay men (ATG scores) were related to Belief Change scores with a positive linear effect, $F(1,141)=6.80$, $p<.01$, and a negative quadratic effect, $F(1,141)=7.21$, $p<.001$, resulting in an inverted U-shaped curve (see Fig. 2, attached). Positive attitudes toward gay men (low ATG scores)

were associated with accurate (high) Initial Belief scores (confirmed by linear regression, $F(1,142)=73.72, p<.0001$) (see Fig. 1, attached). These positive attitude subjects had little room for change on the Belief measure, and thus produced relatively little Belief Change. In essence, the positive linear relation between ATG scores and Belief Change scores resulted from those with increasingly negative attitudes having more latitude to change their beliefs. However, the negative quadratic effect demonstrates that those who could change the most did not. In fact, the peak of the inverted-U function lies at the midpoint of the ATG scale. Past this point, Belief Change scores decline in spite of declining initial Belief scores. Thus, those individuals with extremely antigay attitudes were also those with the most inappropriate beliefs, yet they were also most unwilling to change those beliefs in response to the communication. Neither linear nor quadratic effects of the ATG score interacted with the manipulated communication factors ($ps>.2$). Thus, although there were significant and meaningful differences in the effectiveness of the different communications (as reported by Slusher, 1989) the relative effectiveness of epidemiological and biological information remained constant for those with differing ATG scores.

Regressing Evaluation scores on ATG scores yielded a significant relation, $F(1,106)=15.59, p<.0001$, showing that those with more negative attitudes toward gay men gave lower evaluations to the evidence (regardless of condition, interaction $F<1$) (see Fig. 3, attached). A model regressing Evaluations on both ATG and initial Belief scores showed that only Belief scores accounted for unique variance, $F(1,105)=29.14, p<.0001$, suggesting that attitudes had their effect on initial beliefs, and that beliefs had the most direct effect upon evaluations.

The second study was similar to the first. However, it examined the efficacy of the different types of communications over a longer period of time, and without the potential priming effects that could result from the initial measure of beliefs. Thus, Experiment 2 did not include an initial Belief scale, only a short version of the Belief scale (25 items) administered 3 weeks after reading the communications. However, the ATG scale was administered both initially, before subjects read the communications, and at the final session. We can look at the pattern of Belief scores at the final session to see whether ATG scores reflect the same pattern, thus revealing whether effective AIDS education also affects attitudes toward gay men.

As expected (from theory relating beliefs and availability of causal information, and from results of Experiment 1), the Belief scale yielded a significant main effect for Biological Information,

$F(1,258)=4.73$, $p<.04$, and no other effects, $F(1,258)=.07$, $p>.75$, for the main effect of Epidemiological Information, and $F(1,258)=.55$, $p>.45$ for the interaction. Beliefs were more congruent with the communication in the presence of biological information.

To seek similar gains in attitudes toward gay men, an analysis of covariance (ANCOVA) partialled out initial ATG scores from final ATG scores and examined the effects of the information variables. There were no significant effects ($F_s < 1$). Thus, changes in attitudes towards gay men did not occur in conjunction with significant effects on AIDS-related beliefs.

These results point out a distinction between affecting people's beliefs about the spread of AIDS and affecting related prejudices. Although the information manipulations clearly had an impact on the specific beliefs related to the information, they did not affect attitudes towards gay men. This distinction occurred despite the strong relation between initial AIDS-related beliefs and attitudes toward gay men found in Experiment 1. Thus, it is important to keep in mind that efforts to educate the public about AIDS, although important in their own right, cannot be regarded as a substitute for efforts to reduce antigay prejudice.

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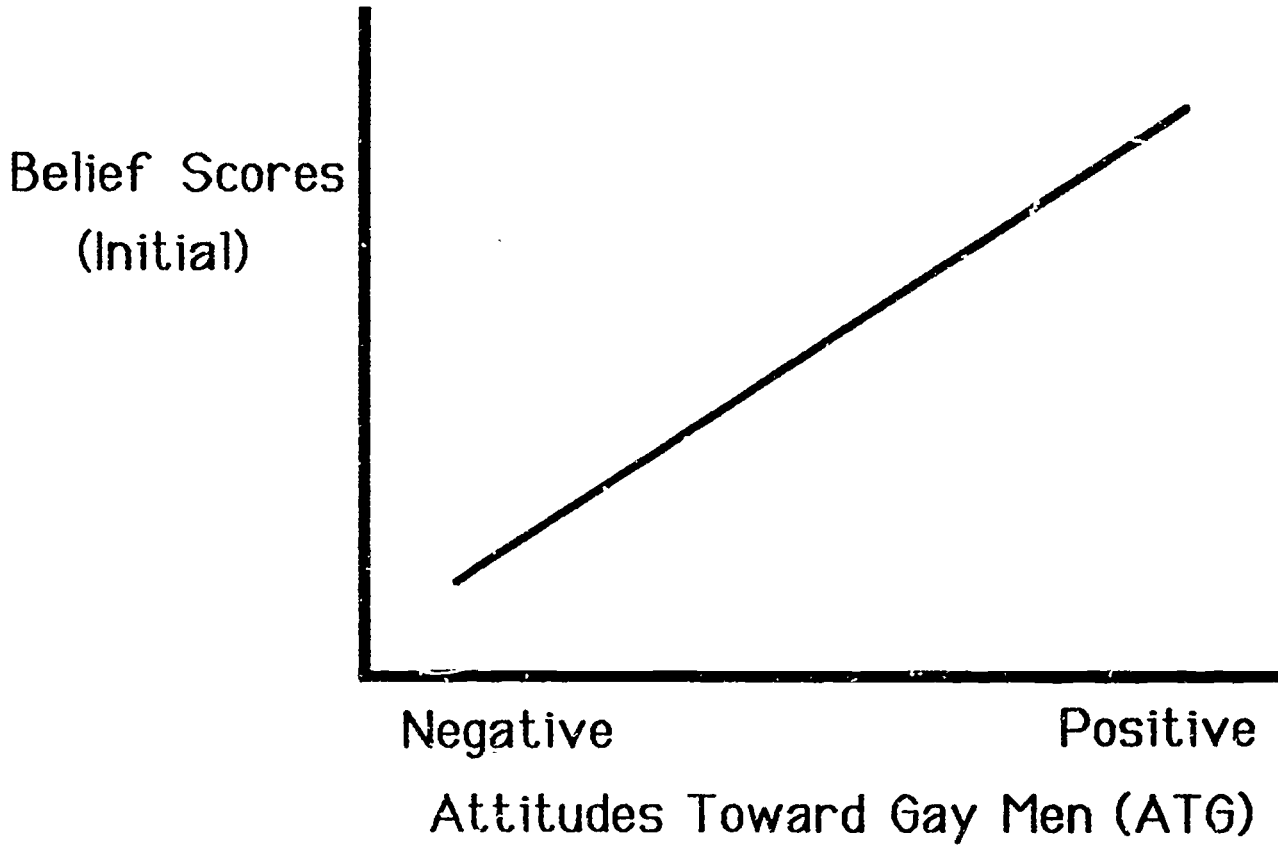


Figure 1

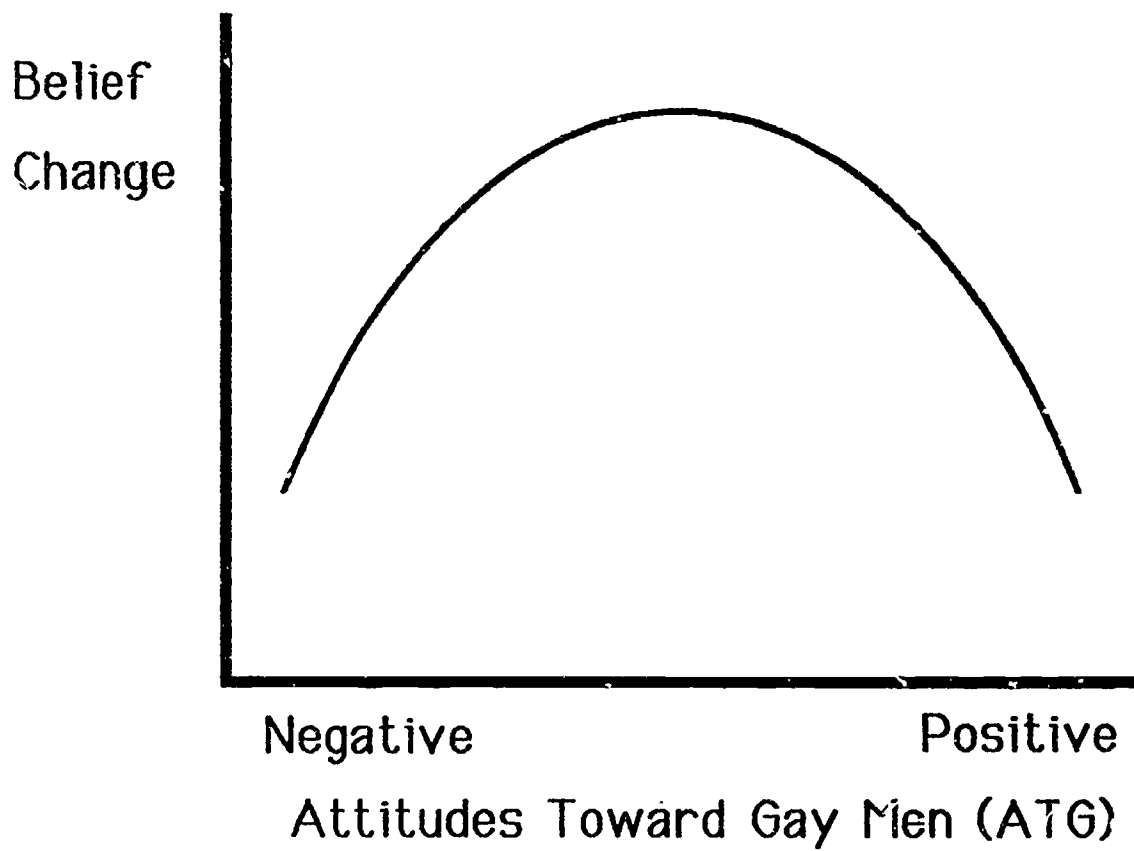


Figure 2

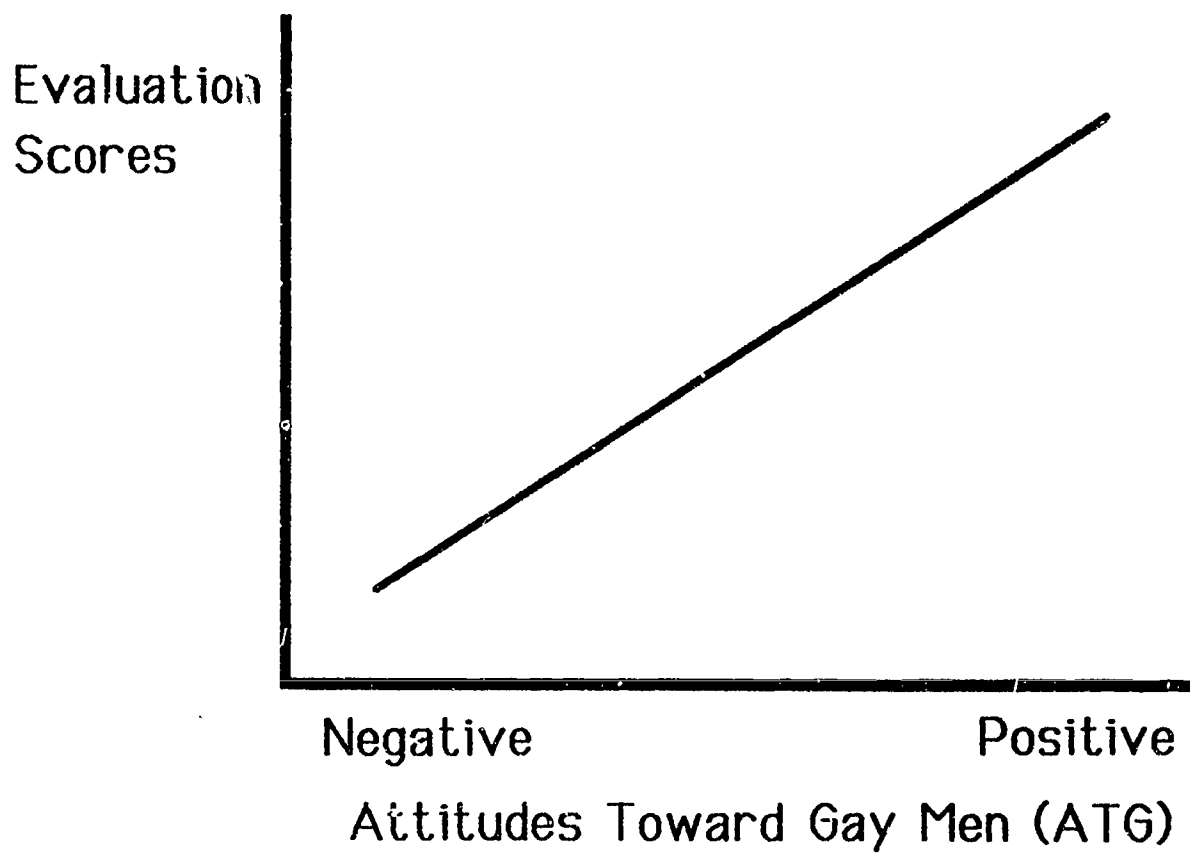


Figure 3

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